DOCUMENT RESUME

ED 315 155 PS 018 499

AUTHOR Davies, W. Hobart; And Others
TITLE Parental Psychopathology and Child-Rearing Practices in Young Alcoholic Families.
SPONS AGENCY Michigan State Dept. of Mental Health, Lansing.; National Inst. on Alcohol Abuse and Alcoholism (DHHS), Rockville, Md.
PUB DATE Jun 89
NOTE 31p.; Paper presented at the Meetings of the Research Society on Alcoholism (Beaver Creek, CO, June 10-16, 1989). For related documents, see PS 018 496-498.
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Affective Behavior; *Alcohol Abuse; *Antisocial Behavior; *Child Rearing; *Depression (Psychology); Intelligence; Males; Parent Child Relationship; *Parent Influence; Sex Differences; Socioeconomic Status; *Young Children

ABSTRACT

The relationship of parent alcohol involvement, depression, and antisocial behavior to self-reported parenting practices in a sample of 79 intact alcoholic families with male children of 3-6 years of age was studied. Child rearing practices were measured with the Block Child Rearing Practices Report. Psychopathology was measured with the Quantity-Frequency-Variability Index, the Lifetime Alcohol Problems Score, the Antisocial Behavior Inventory, the Beck Depression Inventory, and the Hamilton Rating Scale for Depression. Data indicated that families of higher social prestige and parent intelligence were associated with reports of parents being more affectively positive toward the child, more child-centered, more encouraging of autonomy, and more in agreement about parenting. Parents' self-reported depression was negatively associated with positive affective parenting and interparent agreement on child rearing. Fathers' history of depression was positively related to child-centered parenting. Mothers' involvement in antisocial behavior was associated with negative affective parenting and encouragement of competitive achievement. Results provide evidence that the spectrum of life circumstances of these parents is associated with a lack of opportunity and achievement, lower intelligence, and increased levels of depressed mood. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED315155

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PARENTAL PSYCHOPATHOLOGY AND CHILD-REARING PRACTICES IN YOUNG ALCOHOLIC FAMILIES

W. Hobart Davies
Department of Psychology
Michigan State University

Robert A. Zucker
Department of Psychology
Michigan State University

Robert B. Noll
Department of Pediatrics
and Human Development
Michigan State University

Hiram E. Fitzgerald
Department of Psychology
Michigan State University

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Robert A. Zucker

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 018499

Paper presented at the Meetings of the Research Society on Alcoholism, Beaver Creek, CO, June 10-16, 1989.

BEST COPY AVAILABLE

ABSTRACT

This study investigated the relationship between parental alcohol involvement, depression, and antisocial behavior, and self-reported parenting practices in a population based sample of 79 intact alcoholic families with three to six year old boys.

Higher family social prestige (SES) and parent intelligence were associated with reports of being more affectively positive toward the child, more child-centered, and more encouraging of autonomy, as well as being more in agreement about parenting. For both mothers and fathers, self-reported depression was negatively associated with the level of positive affective parenting and the level of interparent agreement on child-rearing. Fathers' history of depression was positively related to child-centered parenting. Mothers' involvement in antisocial behavior was associated with more negative affective parenting and more encouragement of competitive achievement.

The results provide evidence that in young alcoholic families, parenting practices are related most heavily to nonalcohol specific factors; in particular, lower level of social status and greater parental depression are associated with more parenting disagreement and a more affectively negative parenting environment.

Parental Psychopathology and Child-rearing Practices in Young Alcoholic Families [1,2]

W. Hobart Davies, Robert A. Zucker, Robert B. Noll, and Hiram E. Fitzgerald

INTRODUCTION

Children of parents who have alcoholism or some other form of psychopathology have consistently been found to be at heightened risk for developing psychopathology, including conduct disorder and later alcoholism, and other life problems. Little is known about the mechanisms through which this effect is transmitted or about other child, parent, or family variables which serve as mediators of this process. Equally little is known about the degree to which these effects are traceable to the parent's specific psychopathology or can be expected in all children of disturbed parents.

This study examines the relationship between the levels of parental symptomatology for alcoholism, depression, and antisocial behavior (ASB) in young alcoholic families, and the parents' self-reported patterns of child-rearing and interaction with their children. This sample is unique in that it allows examination of these relationships in families who are still at an early stage of development, and also where the parent's treatment/patient status is not a basis of recruitment.

SUBJECTS

The subjects are 79 families participating in the Michigan State University Longitudinal Study (Zucker et al., 1984), which is examining the factors that may contribute to the development of alcoholism and other conduct problems in the sons of alcoholic men. Fathers are recruited through local district courts and: 1) have a blood alcohol level of at least .15% at the time of arrest for DWI; 2) have a biological son between 3.0 and 6.0; and 3)

are living in an intact family. Questionnaires and interviews are later administered to ensure that the father meets the Feighner criteria for a diagnosis of alcoholism. Maternal alcoholism and/or other psychiatric diagnoses for either parent is a basis neither for inclusion nor for exclusion from the study. The fathers are typically not-yet-in-treatment. Over one quarter (20/79) of the fathers report having abstained from alcohol for the preceding six months; this is undoubtedly in part a response to their recent drunk driving arrest. Table 1 shows the sociodemographic characteristics of the sample.

MEASURE OF CHILD-REARING PRACTICES

The Block Child-rearing Practices Report (CRPR) (Block, 1980) utilizes 91 statements which are administered in a Q-sort format with a seven-step rectangular distribution. Exploratory factor analysis was conducted on these items separately for the mothers and fathers in this sample. Examination of trends in the scree plot of eigenvalues permits the identification of an ideal number of factors rather than using eigenvalues greater than unity as the only criterion (Cattell, 1966). Such examination of this factor analysis suggested that a nine-factor solution was optimal for both mothers and fathers. The factors and the reliabilities of each factor for mothers and fathers are presented in Table 2. The two highest loading items in both the positive and negative directions are shown for fathers and mothers in Tables 3 and 4, respectively.

Results differed markedly from Block's original factor analysis based on middle-class mothers, and indicated that there are differences in the salient domains of parenting for mothers and fathers, and that the core issues which differentiate parents from one another appear to be different in these

Table 1

Sociodemographic Characteristics of the Sample

Family Variables	$\bar{X}$	Range
Family Socioeconomic Status[a]	27.60	10 - 66
Annual Family Income	$26,329	5500 - 62000
Years Married or Coupled	8.25	2 - 21
Age of Target Child (months)	54.70	32 - 85
Number of Children	2.15	1 - 4

Parent Variables	Fathers		Mothers	
	$\bar{X}$	Range	$\bar{X}$	Range
Age (years)	30.67	22 - 47	28.61	21 - 41
Education (years)	12.22	8 - 18	12.60	9 - 17
Estimated Verbal IQ[b]	86.26	67 - 105	87.04	55 - 125
Estimated Performance IQ[c]	91.22	65 - 122	107.40	70 - 140
Estimated Full Scale IQ[d]	87.15	67 - 129	93.14	66 - 124
Religion: Protestant	36.8 %		52.6 %	
Catholic	14.5		23.7	
None	44.7		19.7	
Other	3.9		3.9	

[a] Revised Duncan Socioeconomic Index (TSEI2)
[b] Estimated from the WAIS-R Information subtest.
[c] Estimated from the WAIS-R Digit Symbol subtest.
[d] Based on estimated Verbal and Performance IQs.

Table 2

Child-rearing Factors and Reliabilities (coefficient Alpha) from the Block CRPR for Fathers and Mothers from Young Alcoholic Families

Factor	# Items	Reliability
Fathers		
1. Positive vs. Disengaged Affective Parenting	29	.91
2. Narcissistic vs. Child-centered Parenting	14	.75
3. Affective Underinvolvement vs. Socialization to Self-pity	13	.77
4. Lack of Trust vs. Trust	12	.77
5. Nonprotectiveness vs. Overcontrol	10	.72
6. Giving Child Space vs. Overapprehension/ Anxious Separation	11	.69
7. Reluctance to Parent vs. Harsh Scolding	9	.64
8. Inconsistent vs. Harsh Discipline	9	.63
9. Independence Training vs. Fostering Anxiety in Child	8	.56
Mothers		
1. Positive vs. Negative Affective Parenting	34	.91
2. Child-centeredness vs. Rejection of Dependency	17	.80
3. Overprotectiveness vs. Encouragement of Autonomy	13	.78
4. Facilitating Underdevelopment of Conscience vs. Harsh Conscience Development	11	.61
5. Encouraging Competitive Achievement vs. Anxious Dependency	11	.62
6. Parental Guilt/Inadequacy vs. Suspicious Symbiosis	11	.68
7. Romantic Child-centeredness vs. Erratic Parenting	9	.62
8. Traditional Responsible Parenting vs. Haphazard Parenting	10	.57
9. Lack of Supervision vs. Appropriate Supervision	9	.60

Note. Based on the 79 alcoholic families who comprise the present study.

Table 3

Highest Loading Block CRPR Items with Rotated Factor Loadings for Young Alcoholic Fathers (Two Highest Positive and Two Highest Negative Loadings)

1. Positive vs. Disengaged Affective Parenting
   - .64 My child and I have warm intimate times together.
   - .63 I find some of my greatest satisfactions in my child.
   - -.65 I wish my spouse were more interested in our children.
   - -.80 I feel my child is a bit of a disappointment to me.

2. Narcissistic vs. Child-centered Parenting
   - .54 I believe in toilet training a child as soon as possible.
   - .50 When I am angry with my child, I let him know it.
   - -.55 I usually take into account my child's preferences in making plans for the family.
   - -.64 I give up some of my own interests because of my child.

3. Affective Underinvolvement vs. Socialization to Self-pity
   - .62 I think children must learn early not to cry.
   - .58 I expect a great deal of my child.
   - -.49 I control my child by warning him about the bad and sad things that can happen to him.
   - -.65 I encourage my child to talk about his troubles.

4. Lack of Trust vs. Trust
   - .47 I believe that a child should be seen and not heard.
   - .45 I try to keep my child away from children or families who have different ideas or values from our own.
   - -.53 I am easy going and relaxed with my child.
   - -.70 I trust my child to behave as he should, even when I am not with him.

5. Nonprotectiveness vs. Overcontrol
   - .61 If my child gets into trouble, I expect him to handle the problem mostly by himself.
   - .53 I give my child a good many duties and family responsibilities.
   - -.60 I don't allow my child to tease or play tricks on others.
   - -.66 I try to keep my child from fighting.

6. Giving Child Space vs. Overapprehension/Anxious Separation
   - .55 I put the wishes of my mate before the wishes of my child.
   - .54 I think a child should be encouraged to do things better than others.
   - -.54 I worry about the health of my child.
   - -.58 I worry about the bad and sad things that can happen to a child as he grows up.

Table 3 (cont'd)

7. Reluctance to Parent vs. Harsh Scolding	
.51	I find it difficult to punish my child.
.49	I find it interesting and educational to be with my child for long periods.
-.54	I punish my child by taking away a privilege he otherwise would have had.
-.54	I believe that scolding and criticism makes my child improve.
8. Inconsistent vs. Harsh Discipline	
.48	I threaten punishment more often than I actually give it.
.37	I believe in praising a child when he is good and think it gets better results than punishing him when he is bad.
-.52	I have strict, well-established rules for my child.
-.58	I believe physical punishment to be the best way of disciplining.
9. Independence Training vs. Fostering Anxiety in Child	
.56	I like to have some time for myself, away from my child.
.54	I think one has to let a child take many chances as he grows up and tries new things.
.54	I encourage my child to be independent of me.
-.45	I think it is good practice for a child to perform in front of others.
-.48	I teach my child that in one way or another punishment will find him when he is bad.

Table 4

Highest Loading Block CRPR Items with Rotated Factor Loadings for Mothers (Two Highest Positive and Two Highest Negative Loadings)

1. Positive vs. Negative Affective Parenting
   - .76 I make sure my child knows that I appreciate what he tries or accomplishes.
   - .70 I feel a child should be given comfort and understanding when he is scared or upset.
   - -.61 There is a good deal of conflict between my child and me.
   - -.76 I feel my child is a bit of a disappointment to me.

2. Child-centeredness vs. Rejection of Dependency
   - .52 I encourage my child to wonder and think about life.
   - .50 I feel a child should have time to think, daydream, and even loaf sometimes.
   - -.57 I think it is best if the mother, rather than the father, is the one with the most authority over the children.
   - -.69 I think a child should be weaned from the breast or bottle as soon as possible.

3. Overprotectiveness vs. Encouragement of Autonomy
   - .60 I don't think young children of different sexes should be allowed to see each other naked.
   - .58 I try to stop my child from playing rough games or doing things where he might get hurt.
   - -.48 I encourage my child to be independent of me.
   - -.50 I put the wishes of my mate before the wishes of my child.

4. Facilitating Underdevelopment of Conscience vs. Harsh Conscience Development
   - .40 I do not blame my child for whatever happens if others ask for trouble.
   - .36 If my child gets into trouble, I expect him to handle the problem mostly by himself.
   - -.55 I teach my child that in one way or another punishment will find him when he is bad.
   - -.66 I punish my child by taking away a privilege he otherwise would have had.

5. Encouraging Competitive Achievement vs. Anxious Dependency
   - .60 I think a child should be encouraged to do things better than others.
   - .50 I feel that it is good for a child to play competitive games.
   - -.37 I try to keep my child away from children or families who have different ideas or values from or own.
   - -.65 I give up some of my own interests because of my child.

Table 4 (cont'd)

6. Parental Guilt/Inadequacy vs. Suspicious Symbiosis	
.63	I find it difficult to punish my child.
.58	I threaten punishment more often than I actually give it.
-.41	I think it is good practice for a child to perform in front of others.
-.56	I think jealousy and quarreling between brothers and sisters should be punished.
7. Romantic Child-centeredness vs. Erratic Parenting	
.54	I find it interesting and educational to be with my child for long periods.
.49	I enjoy having the house full of children.
-.44	I let my child make many decisions for himself.
-.46	I do not allow my child to question my decisions.
8. Traditional Responsible Parenting vs. Haphazard Parenting	
.60	I give my child a good many duties and family responsibilities.
.38	I give my child extra privileges when he behaves well.
-.46	I don't go out if I have to leave my child with a stranger.
-.51	I think it is wrong to insist that young boys and girls have different kinds of toys and play different sorts of games.
9. Lack of Supervision vs. Appropriate Supervision[a]	
-.45	I don't allow my child to tease or play tricks on others.
-.51	I make sure I know where my child is and what he is doing.
-.54	I try to keep my child from fighting.
-.62	I believe it is unwise to let children play a lot by themselves without supervision from grown-ups.

[a]There are no items in this factor which load strongly on the positive pole.

alcoholic families than in the middle class families. In the alcoholic families, issues of discipline strategies are less central, while issues of affective involvement and, especially for mothers, overinvolvement with the child, appear more central.

In addition to the factor scores obtained for each parent, it is also possible to compute an index of parental agreement across all CRPR items. This is obtained by correlating the mother's and father's responses to each item (Block, Block, & Morrison, 1981).

PSYCHOPATHOLOGY MEASURES

Information on the parents' level of alcohol consumption in the last six months is used to assign a score for current drinking, which is an expansion on Cahalan, Cisin, and Crossley's (1969) Quantity-Frequency-Variability Index called QFV-R (Zucker & Davies, 1989). This measure uses the basic scoring system, but rather than combining the Quantity-Variability classification with the Frequency classification to yield a five-category classification, the score is obtained by multiplying the QV class times the approximate number of drinking episodes per year (based on the reported average frequency). This yields a 0 to 21,000 score which is then subjected to a logarithmic transformation (base ten). This revision of the scoring system greatly increases the sensitivity of the measure and so increases the information that the score provides about the relative level of current drinking.

The parents' level of lifetime involvement in alcohol is measured using the Lifetime Alcohol Problems Score (LAPS) (Zucker, 1988). LAPS incorporates information on the breadth and onset of problems associated with drinking, as well as a measure of the degree of invasiveness of drinking into the life course; the component subscores are standardized within our project sample.

The parents' involvement in ASB is measured using the Antisocial Behavior Inventory (Zucker & Noll, 1980). This is a 46-item questionnaire which asks the frequency of participation in a variety of delinquent, criminal, and antisocial activities covering childhood, adolescence, and adulthood.

Self-reported depression is measured using the Short Form of the Beck Depression Inventory (BDI) (Beck & Beck, 1972). This version contains 13 groups of statements concerning different areas of functioning known to be affected by depression. In addition, the Hamilton Rating Scale for Depression (HRSD) (Hamilton, 1960) is completed by a clinician at the end of a lengthy clinical interview. Ratings are made both for current depression and for the time in their life when the individual was most depressed (Worst-Ever).

RESULTS AND DISCUSSION

The relationships between the demographic variables and the parenting scales from the CRPR are shown in Tables 5 and 6 for fathers and mothers respectively. The parenting dimensions which were most strongly associated with the demographic variables were parental agreement on child-rearing, mother's child centeredness, mother's overprotectiveness, father's affective parenting, and father's child centeredness.

The parental agreement measure was significantly related to SES ($r=.34$, $p<.01$), family income ($r=.28$, $p<.05$), mother's estimated verbal IQ ($r=.29$, $p<.05$), mother's estimated performance IQ ($r=.42$, $p<.001$), father's age ($r=.22$, $p<.05$), father's education ($r=.24$, $p<.05$), father's estimated verbal IQ ($r=.35$, $p<.01$), and father's estimated performance IQ ($r=.25$, $p<.05$). All of these relationships are in the anticipated direction; that is, higher agreement is associated with better background characteristics and with more benign demographic status.

Table 5

Relationship Between Demographic Variables and Measures of Paternal Parenting Practices--Pearson R's (N=79)

	FPP1[a]	FPP2[b]	FPP3[c]	FPP4[d]	FPP5[e]	FPP6[f]	FPP7[g]	FPP8[h]	FPP9[i]
SES	.38**	-.37**	.00	-.05	-.01	.08	.09	.18	.25*
INCOME	.26	-.41***	.07	.01	-.06	-.02	.24*	.18	.23*
CHILD AGE	-.15	.00	.03	-.12	.04	-.01	-.20+	.01	.06
FATHER'S AGE	.17	-.10	-.03	.00	-.10	.08	.14	.30**	.07
FATHER'S EDUC	.29**	-.26*	-.06	-.16	-.04	.27*	-.03	.01	.21+
FATHER'S VERB IQ	.39**	-.34**	.00	-.12	.03	.34**	.15	.35**	.27*
FATHER'S PERF IQ	.25*	-.30**	.03	-.06	.04	.26*	-.02	.17	.29*
MOTHER'S AGE	.25*	-.33**	-.10	-.20+	-.09	.01	.14	.24*	.06
MOTHER'S EDUC	.27*	-.26*	-.10	-.08	-.12	.26*	-.07	.17	.22*
MOTHER'S VERB IQ	.28*	-.41***	-.03	-.08	-.09	.23*	.01	.28*	.31**
MOTHER'S PERF IQ	.35**	-.20+	-.22+	-.11	-.20+	-.02	.14	.34**	.06

[a] Positive vs. Disengaged Affective Parenting
[b] Narcissistic vs. Child-centered Parenting
[c] Affective Underinvolvement vs. Socialization to Self-pity
[d] Lack of Trust vs. Trust
[e] Nonprotectiveness vs. Overcontrol
[f] Giving Child Space vs. Overapprehension/Anxious Separation
[g] Reluctance to Parent vs. Harsh Scolding
[h] Inconsistent vs. Harsh Discipline
[i] Independence Training vs. Fostering Anxiety in Child

+ $p<.10$. * $p<.05$. ** $p<.01$. *** $p<.001$. All two-tailed.

Table 6

Relationship Between Demographic Variables and Measures of Maternal Parenting Practices--Pearson R's (N=79)

	MPP1[a]	MPP2[b]	MPP3[c]	MPP4[d]	MPP5[e]	MPP6[f]	MPP7[g]	MPP8[h]	MPP9[i]
SES	.16	.43***	-.19+	-.14	.01	-.14	.02	.03	.17
INCOME	.19+	.39***	-.23*	-.17	-.06	-.23*	-.01	.07	.24*
CHILD AGE	-.13	-.07	.12	-.04	-.05	.03	-.08	-.02	-.05
MOTHER'S AGE	.14	.34**	-.18	.01	-.07	-.08	-.02	-.06	-.10
MOTHER'S EDUC	.05	.40***	-.22+	-.07	-.06	-.30**	-.02	-.06	.12
MOTHER'S VERB IQ	.08	.65***	-.48***	-.14	.04	-.36**	-.08	-.04	.17
MOTHER'S PERF IQ	.28*	.46***	-.32**	-.17	-.09	-.22+	-.06	-.14	.05
FATHER'S AGE	.07	.20+	.03	-.06	-.08	-.13	.01	-.11	-.12
FATHER'S EDUC	.05	.38**	-.37**	-.07	.07	-.25*	.12	-.02	.17
FATHER'S VERB IQ	.05	.41***	-.20+	-.18	.03	-.31**	-.04	.08	.25*
FATHER'S PERF IQ	.01	.30**	-.27*	-.14	.03	-.17	-.06	.12	.15

[a] Positive vs. Negative Affective Parenting
[b] Child-centeredness vs. Rejection of Dependency
[c] Overprotectiveness vs. Encouragement of Autonomy
[d] Facilitating Underdevelopment of Conscience vs. Harsh Conscience Development
[e] Encouraging Competitive Achievement vs. Anxious Dependency
[f] Parental Guilt/Inadequacy vs. Suspicious Symbiosis
[g] Romantic Child-centeredness vs. Erratic Parenting
[h] Traditional Responsible Parenting vs. Haphazard Parenting
[i] Lack of Supervison vs. Appropriate Supervision

+ $p<.10$. * $p<.05$. ** $p<.01$. *** $p<.001$. All two-tailed.

Because of these results, certain of the demographic variables are statistically controlled in the analyses which examine the associations between the parent life problem variables and the parenting practices dimensions. Because of their strong associations to the parenting practices reports, family income and the estimated Verbal IQ of the parent whose parenting practices are being examined are controlled. Verbal IQ, rather than Performance or Full Scale IQ is used because of its stronger association with the parenting variables, and also because the CRPR task is very verbally oriented. SES is also partialled out because of its association with both areas of variables, and because it is assumed to be a higher level variable which includes variance due to many of the others. In analyses involving the parental agreement measure, the estimated Verbal IQ of both parents is controlled, along with family SES and income.

The relationships between paternal psychopathology and paternal parenting practices are presented in Table 7. Disengaged affective parenting (as opposed to positive affective parenting) for fathers is associated with higher levels of self-reported depression and, to a lesser extent, with a higher level of current drinking and a more extensive history of alcohol related problems. This suggests that a higher degree of self-involvement over matters of trouble leads to (or at least is connected with) increased psychological distance from the child. This is likely to be interactive, as problems with the father-child relationship may give the father additional reason to feel like a failure in life. This may lead him to be more depressed or to more actively pursue escape through alcohol. It is unclear whether such reciprocal effects would be established yet in as young a sample as this one.

In contrast, the fathers who have been more severely depressed in their

Table 7

Relationship Between Measures of Paternal Psychopathology and Father's Reported Parenting Practices--Partial Correlations Controlling for Father's Verbal IQ, Family SES, and Family Income (N=79)

	LAPS[a]	QFV-R[b]	BDI[c]	HRSD-C[d]	HRSD-W[e]	ASB-C[f]	ASB-A[g]	ASB-T[h]
FPP1[A]	-.21+	-.21+	-.43***	-.02	-.01	-.01	.02	.02
FPP2[B]	-.20	.03	-.09	-.13	-.33**	-.12	-.13	-.13
FPP3[C]	.22+	.08	.16	.02	-.02	.15	-.01	.07
FPP4[D]	.13	.19	.23+	.09	.07	.15	.16	.16
FPP5[E]	.06	-.06	.15	.15	.26*	.05	-.09	-.03
FPP6[F]	.12	.08	.16	.12	.19	.01	-.02	.00
FPP7[G]	.15	-.22+	-.05	.03	-.06	-.13	-.01	-.07
FPP8[H]	.25*	-.13	.12	.19	-.18	.24*	.24+	.26*
FPP9[I]	.10	.01	.04	.01	.09	.27*	.21+	.26*

[a] Lifetime Alcohol Problems Score
[b] Quantity-Frequency-Variability Index of Current Drinking
[c] Beck Depression Inventory
[d] Hamilton Rating Scale for Depression-Current
[e] Hamilton Rating Scale for Depression-Worst Ever
[f] Antisocial Behavior-Childhood
[g] Antisocial Behavior-Adulthood
[h] Antisocial Behavior-Total
[A] Positive vs. Disengaged Affective Parenting
[B] Narcissistic vs. Child-centered Parenting
[C] Affective Underinvolvement vs. Socialization to Self-pity
[D] Lack of Trust vs. Trust
[E] Nonprotectiveness vs. Overcontrol
[F] Giving Child Space vs. Overapprehension/Anxious Separation
[G] Reluctance to Parent vs. Harsh Scolding
[H] Inconsistent vs. Harsh Discipline
[I] Independence Training vs. Fostering Anxiety in Child

+ $p<.10$. * $p<.05$. ** $p<.01$. *** $p<.001$. All two-tailed.

lives also report a higher level of child-centeredness and less overcontrol of the child's behavior. This is in keeping with the findings that mothers with past depression were more oriented toward letting their children take chances and try new things as they grow up (Susman, Trickett, Iannotti, Hollenbeck, & Zahn-Waxler, 1985). However, no effects were found for the scales tapping encouragement of autonomy more directly. Given that there are no effects in the opposite (disconfirming) direction, we may tentatively suggest that when a parent has been depressed earlier in life, it is probably not a risk factor for disturbance in the later parent-child relationship, and it may even lead to a capacity for greater closeness to the child, at least during the preschool years.

Greater antisocial involvement of the father was associated with more independence training. We can infer from this that these fathers also want less contact with their sons, since they are expressing a desire to have their sons take care of themselves at an age when this is largely developmentally inappropriate. In fact, the highest loading item on this scale is "I like to have some time for myself, away from my child." Therefore, this suggests an association between antisocial involvement and independence/separation of father and son.

A higher level of involvement in ASB was associated with inconsistency in discipline, rather than with harsh discipline. It seems then that within this range of child ages, "harsh" discipline may be seen as relatively normative, and that the real measure of trouble with the parent-child relationship is the level of inconsistency in disciplining (and presumably monitoring as well). This association may change over time as increasing levels of child freedom become developmentally appropriate, and as the father-child relationships in

the more troubled families become increasingly and consistently aversive. The lack of attention to developmental issues in much of the early work makes it impossible to sort out the relative child ages at which increased parental inconsistency and increased parental harshness have been observed.

This combination of parenting factors associated with ASB, namely distancing oneself from the child and tending to be inconsistent in discipline, suggests that there is a tendency towards child neglect which is associated with, and parallels, the father's acting out behavior in other domains of his life. Compounding this is the fact that an increased level of ASB leads to a presumption that the father spends more time away from home, and hence away from the child, while this is not necessarily the case for problems encompassing either drinking or depression.

The relationships between maternal psychopathology and paternal reported parenting practices were also examined. There was no evidence of any relationship between these two areas. Only one of the correlations reached statistical significance (mother's adulthood involvement in ASB and father's Child-centeredness, $r=.25$, $p<.05$), well below the frequency to be expected by chance alone. Therefore, at least within the areas measured here, the reported characteristics of the father-child relationship are independent of the mother's psychological functioning. This suggests that these fathers are probably not well in tune with their wives' lives and that their relationship to the child is likely quite peripheral; the fathers are able to maintain the same relationship to their sons even in the face of systemic dysfunction engendered by their wives difficulties.

The relationships between maternal psychopathology and maternal child-rearing practices are shown in Table 8. Higher levels of self-reported current

Table 8

Relationship Between Measures of Maternal Psychopathology and Maternal Reported Parenting Practices--Partial Correlations Controlling for Mother's Verbal IQ, Family SES, and Family Income (N=79)

	LAPS[a]	QFV-R[b]	BDI[c]	HRSD-C[d]	HRSD-W[e]	ASB-C[f]	ASB-A[g]	ASB-T[h]
MPP1[A]	.00	-.10	-.35**	-.06	.00	-.19	-.28*	-.26*
MPP2[B]	.13	.15	-.05	.13	.19	.21+	.01	.14
MPP3[C]	.14	.15	.10	.01	-.09	.05	-.09	-.02
MPP4[D]	-.27*	.04	-.04	-.08	.02	-.23+	-.06	-.18
MPP5[E]	.05	.08	.08	-.19	-.03	.18	.42***	.32**
MPP6[F]	.10	-.16	.20+	-.17	.17	.13	-.09	.04
MPP7[G]	-.09	-.14	-.23+	.20	.11	-.04	-.13	-.09
MPP8[H]	.02	.22+	.04	.05	.02	.08	.10	.10
MPP9[I]	.12	.12	.24*	-.13	-.20	.11	.09	.12

[a] Lifetime Alcohol Problems Score
[b] Quantity-Frequency-Variability Index of Current Drinking
[c] Beck Depression Inventory
[d] Hamilton Rating Scale for Depression-Current
[e] Hamilton Rating Scale for Depression-Worst Ever
[f] Antisocial Behavior-Childhood
[g] Antisocial Behavior-Adulthood
[h] Antisocial Behavior-Total
[A] Positive vs. Negative Affective Parenting
[B] Child-centeredness vs. Rejection of Dependency
[C] Overprotectiveness vs. Encouragement of Autonomy
[D] Facilitating Underdevelopment of Conscience vs. Harsh Conscience Development
[E] Encouraging Competitive Achievement vs. Anxious Dependency
[F] Parental Guilt/Inadequacy vs. Suspicious Symbiosis
[G] Romantic Child-centeredness vs. Erratic Parenting
[H] Traditional Responsible Parenting vs. Haphazard Parenting
[I] Lack of Supervision vs. Appropriate Supervision

+ $p<.10$. * $p<.05$. ** $p<.01$. *** $p<.001$. All two-tailed.

depression and antisocial involvement, especially in adulthood, were associated with more negative affective parenting. Again, a tendency towards self-involvement is associated with being less affectively positive with the child. While this parallels the finding for fathers, it is apt to be more influential on the child's development given the mother's typically greater involvement in and responsibility for socialization and child care, especially in the younger years being scrutinized here.

Mothers who were more involved in antisocial behavior tended to encourage, or at least value, competitive achievement in their sons. Given that all of these families are multiproblem, this can be seen as an attempt to teach a coping style that the mothers themselves have adopted. Rather than letting problems close in on them, these women move towards interaction with the world, and think that their sons should do so as well. Taken from the other pole of this scale, these mothers are less likely to encourage anxious dependency; this parallels the finding for fathers that increased ASB involvement is associated with a tendency towards disengagement rather than enmeshment with the child.

The mothers who report a lower level of current depression report a lack of supervision of their sons, an effect which is in the opposite direction as one would predict from the literature. It may be that a better explanation of this effect would be that the depressed mothers' reports reflect protectiveness or even enmeshment rather than supervision.

Table 9 shows the relationships between paternal psychopathology and maternal child-rearing practices. In contrast to the lack of relationships found between maternal psychopathology and paternal parenting practices, the mother's parenting seems to be much more strongly affected by the father's

Table 9

Relationship Between Measures of Paternal Psychopathology and Maternal Reported Parenting Practices--Partial Correlations Controlling for Mother's Verbal IQ, Family SES, and Family Income (N=79)

	LAPS[a]	QFV-R[b]	BDI[c]	HRSD-C[d]	HRSD-W[e]	ASB-C[f]	ASB-A[g]	ASB-T[h]
MPP1[A]	.07	-.31*	-.08	-.20	.02	.15	.05	.11
MPP2[B]	-.06	.10	-.11	-.22+	-.24*	.00	-.18	-.10
MPP3[C]	-.02	.08	.17	-.11	-.18	-.11	-.14	-.13
MPP4[D]	-.06	-.17	-.16	-.27*	-.14	-.02	-.03	-.03
MPP5[E]	-.10	.08	-.02	-.20+	-.29*	-.06	-.18	-.13
MPP6[F]	-.01	-.03	.01	-.22+	-.13	.16	-.06	.05
MPP7[G]	-.05	-.15	-.11	-.28*	-.14	.10	.10	.11
MPP8[H]	-.25*	.14	.07	-.07	-.22+	.14	.00	.07
MPP9[I]	-.08	.16	.10	.17	-.09	.01	-.01	-.01

[a] Lifetime Alcohol Problems Score
[b] Quantity-Frequency-Variability Index of Current Drinking
[c] Beck Depression Inventory
[d] Hamilton Rating Scale for Depression-Current
[e] Hamilton Rating Scale for Depression-Worst Ever
[f] Antisocial Behavior-Childhood
[g] Antisocial Behavior-Adulthood
[h] Antisocial Behavior-Total
[A] Positive vs. Negative Affective Parenting
[B] Child-centeredness vs. Rejection of Dependency
[C] Overprotectiveness vs. Encouragement of Autonomy
[D] Facilitating Underdevelopment of Conscience vs. Harsh Conscience Development
[E] Encouraging Competitive Achievement vs. Anxious Dependency
[F] Parental Guilt/Inadequacy vs. Suspicious Symbiosis
[G] Romantic Child-centeredness vs. Erratic Parenting
[H] Traditional Responsible Parenting vs. Haphazard Parenting
[I] Lack of Supervision vs. Appropriate Supervision

+ $p<.10$. * $p<.05$. All two-tailed.

level of psychopathology. The clinician's rating of the father's current depression was significantly related to two scales and shows a trend towards significance on three others. Higher levels of father's rated depression were significantly associated with Encouraging Harsh Conscience Development, and with less romantic (or idealized) child-centeredness by the mother. The scales which showed a trend towards significance were Rejection of Dependency, Encouraging Anxious Dependency, and Suspicious Symbiosis. The clinician's rating is conceptually the best measure of the wife's experience of the husband's depression, despite the fact that there are differences between what she would experience and what the clinician is looking for. We would expect that the effects of paternal depression on the wife would have to do most directly with the ways in which that depression is projected, or presented, rather than being related to the husband's experience of depressed mood per se.

The clinician ratings of father's worst ever depression were also associated with Rejection of Dependency and Encouraging Anxious Dependency on the part of the mother. At first glance this may seem to be a puzzling finding. However, an analysis of the content of these two scales reveals that the items tapping Rejection of Dependency have more to do with the child growing up and not requiring as much parental care, while the items included in Encouraging Anxious Dependency involve protecting the child from the outside world. Taken together these relationships point to a connection between father's depression and mother's parenting such that the mother uses the child to gratify her own needs for closeness, which her husband cannot or does not fulfill. Thus, having an affectively unavailable parenting partner is associated with the development of a different type of mother-child relationship. Specifically, the mothers tend to pull their sons closer

(towards an enmeshed relationship) while simultaneously paying less attention to the child's need to be a child. In this sense, the mothers appear to be pulling their son into the role which their spouse should hold. This effect is seen for both current and worst-ever depression, but is specific to the clinician's ratings, as opposed to the father's self-report. The present data do not address the potential reciprocal nature of the marital interactions that might lead both to the father's depression and to the mother's enhanced connection with her male child.

This systemic exploration of the gender-dependent effect of a parent's depression on the spouse's parenting are consistent with Belsky's (1981, 1984) theory of social support in the parenting process. He contends that emotionally healthy, maritally satisfied fathers provide support for mothers in carrying out child-rearing responsibilities. When the well-being of the father is compromised, this support system is weakened and mother-child interaction suffers. There is some suggestion that this effect is even stronger on the mother-daughter relationship (Stoneman, Brody, & Burke, 1989). According to Belsky, the father tends to rely much less on the mother for support around parenting, which is in keeping with the absence of findings in this area in this study.

The relationships between the measures of parental psychopathology and the index of interparent agreement on child-rearing are presented in Table 10. This is an important area to examine because of documented associations of parental agreement on child-rearing to the healthy development of both boys and girls (Vaughn, Block, & Block, 1988) and to the survival of the marriage (Block et al., 1981). It is likely that these effects are not simply caused by parental agreement around child-rearing per se, but rather that this measure of

Table 10

Relationships Between the Index of Parental Agreement on Child-rearing and the Measures of Parent Psychopathology--Partial Correlations controlling for Mother's and Father's Verbal IQs, Family SES and Family Income (N=79)

Mothers	
Lifetime Alcohol Problems Score	.07
Quantity-Frequency-Variability (Current Drinking)	-.04
Beck Depression Inventory	-.27 *
Hamilton Rating Scale for Depression-Current	.13
Hamilton Rating Scale for Depression-Worst Ever	.09
Antisocial Behavior-Childhood	.13
Antisocial Behavior-Adulthood	-.21 +
Antisocial Behavior-Total	-.02
Fathers	
Lifetime Alcohol Problems Score	-.16
Quantity-Frequency-Variability (Current Drinking)	-.17
Beck Depression Inventory	-.33 **
Hamilton Rating Scale for Depression-Current	-.10
Hamilton Rating Scale for Depression-Worst Ever	-.03
Antisocial Behavior-Childhood	.05
Antisocial Behavior-Adulthood	.05
Antisocial Behavior-Total	.06

+ $p<.10$. * $p<.05$. ** $p<.01$. All two-tailed.

parental concordance provides an amalgam of certain characteristics of the spousal relationship which are very important in terms of family health. These would include communication, conflict, cooperation, and similarity in opinion about what the goals and values of the family should be. In turn, the level of interparent agreement on child-rearing would also be expected to influence the levels of conflict and support between spouses (Gjerde, 1988).

For both mothers and fathers, a higher level of self-reported current depression is strongly associated with a lower level of parental agreement about child-rearing. It is likely that the depressed mood of a parent leads to a lack of sharing and communication about parenting, as well as about other aspects of their relationship. Again, this is not seen for the observer rated depression measures. This will be interesting to follow over time because there are several forces pushing on this relationship from different directions. On the one hand, the course of depression is generally quite episodic and variable, and the Susman et al. (1985) data strongly suggest that the effects of depression on parenting, at least for mothers, are related to actually being in the depressed state. Mothers with past depression were found to be very similar to normal control mothers in their reports of child-rearing. On the other hand, parental agreement scores taken at one point in time have been shown to be relatively potent predictors of some important outcomes of family development for both children and parents (Block et al., 1981; Vaughn et al., 1988). It is not clear which direction this relationship may take as the family develops, but it may be that the link between parental depression and parental concordance is a piece of what places children of depressed parents at risk for problems later in life.

SUMMARY

Higher levels of family income, family social prestige, parent education, and parent intelligence were associated with more child-centered parenting, more positive affective parenting, more encouragement of independence, and greater parental agreement on child-rearing.

For the alcoholic fathers, disturbances in the parent-child affective relationship were strongly associated with the father's self-reported current depression, and less strongly with his level of current drinking and lifetime alcohol problems. Father's who have been more severely depressed in their lives report a higher level of child-centeredness and less overcontrol over the child's behavior. This parallels prior findings (Susman et al., 1985) which showed that depressed mothers are more oriented towards letting their children try new experiences. Father's ASB seems to be associated with a tendency towards neglect in the form of an increased demand for independence on the child and inconsistent discipline.

For mothers, affective problems in the relationship with the child were associated with self-reported depression and ASB. Involvement in ASB was associated with encouraging competitive achievement, apparently encouraging for their sons the active approach to the world they have chosen.

Looking across parents, observer rated paternal depression was associated with a tendency for the mother to pull the child closer (toward an enmeshed relationship) while simultaneously paying less attention to the child's need to be a child. In this sense, the mothers seem to be putting their sons in the role their spouse should fill. No associations were seen for maternal psychopathology on paternal child-rearing. These findings are consistent with Belsky's (1981, 1984) contention that the marital relationship is an especially

important source of support for mothers.

The level of parental concordance on child-rearing was found to be negatively associated with self-reported depression for both parents.

These results provide evidence that there is a spectrum of life circumstances for these parents, associated with a lack of personal opportunity and achievement, lower intelligence, and increased levels of depressed mood, that are also associated with problems in the parent-child affective relationship and with less agreement on parenting. Paternal depression was found to be a risk factor for problems in the mother-child relationship, as well as in the father-child relationship.

REFERENCES

Beck, A. T., & Beck, R. W. (1972). Screening depressed patients in family practice: A rapid technique. Postgraduate Medicine, 52, 81-85.

Belsky, J. (1981). Early human experience: A family perspective. Developmental Psychology, 17, 3-23.

Belsky, J. (1984). The determinants of parenting: A process model. Child Development, 55, 83-96.

Block, J. H. (1980). The Child-rearing Practices Report (CRPR): A set of Q items for the description of parental socialization attitudes and values. Berkeley, CA: Institute of Human Development, University of California. In mimeo.

Block, J. H.; Block, J., & Morrison, A. (1981). Parental agreement-disagreement on child-rearing orientations and gender-related personality correlates in children. Child Development, 52, 965-974.

Cahalan, D.; Cisin, I. H., & Crossley, H. M. (1969). American drinking practices: A national study of drinking behavior and attitudes. New Brunswick, NJ: Rutgers Center of Alcohol Studies.

Cattell, R. B. (1966). The scree test for the number of factors. Multivariate Behavioral Research, 245-276.

Gjerde, P. F. (1988). Parental concordance on child-rearing and the interactive emphases of parents: Sex-differentiated relationships during the preschool years. Developmental Psychology, 24, 700-706.

Hamilton, M. (1960). A rating scale for depression. Journal of Neurology, Neurosurgery, and Psychiatry, 23, 56-62.

Stoneman, Z.; Brody, G. H., & Burke, M. (1989). Marital quality, depression, and inconsistent parenting: Relationship with observed mother-child conflict. American Journal of Orthopsychiatry, 59, 105-117.

Susman, E. J.; Trickett, P. K.; Iannotti, R. J.; Hollenbeck, B. E., & Zahn-Waxler, C. (1985). Child-rearing patterns in depressed, abusive, and normal mothers. American Journal of Orthopsychiatry, 55, 237-251.

Vaughn, B. E.; Block, J. H., & Block, J. (1988). Parental agreement on child rearing during early childhood and the psychological characteristics of adolescents. Child Development, 59, 1020-1033.

Zucker, R. A. (1988). The Lifetime Alcohol Problems Score (LAPS). Unpublished paper, Department of Psychology, Michigan State University, East Lansing, MI.

Zucker, R. A., & Davies, W. H. (1989). The Revised Quantity-Frequency-Variability Index: Rationale and formulae. Unpublished paper, Department of Psychology, Michigan State University, East Lansing, MI.

Zucker, R. A., & Noll, R. B. (1980). The antisocial behavior checklist. Unpublished instrument, Department of Psychology, Michigan State University, East Lansing, MI.

Zucker, R. A.; Noll, R.; Draznin, T.; Baxter, J.; Weil, C.; Theado, D.; Greenberg, G.; Charlot, C., & Reider, E. (1984). The ecology of alcoholic families: Conceptual framework for the Michigan State University Longitudinal Study. Paper presented at the NCA National Alcoholism Forum, Detroit, MI.

FOOTNOTES

[1] Paper presented at the Meetings of the Research Society on Alcoholism, Beaver Creek, CO, June 10-16, 1989.

[2] This work was supported in part by grants to R. A. Zucker, R. B. Noll, and H. E. Fitzgerald from the National Institute on Alcohol Abuse and Alcoholism (AA 07065) and from the Michigan Department of Mental Health, Prevention Services Unit.